

HOME OCCUPATION
(please type or print clearly)

APPLICANT NAME: _____

STREET ADDRESS: _____

PROPOSED FIRM NAME: _____

PHONE#: _____ DO YOU OWN THE DWELLING? ____ YES ____ NO

If no, you are required to submit with this application a letter from the home owner stating they have no objections to the proposed business being conducted.

OWNER NAME: _____ PHONE #: _____

ADDRESS: _____

Write a detailed description of the type of business you propose to conduct; hours of operation; number of rooms/ area that will be utilized; if any clients/customers are expected to visit the residence; number of employees; any business vehicles, etc.

I _____, do hereby certify that I understand the
PRINT NAME

Home Occupation regulations (Article 9.4.3) of the Zoning Ordinance. I also understand that this permit does not take the place of other licenses that may be required by law. A fee of Fifteen dollars (\$15.00) is required for home occupation permits.

APPLICANTS SIGNATURE DATE: _____

PERMIT# _____ ZONING DISTRICT: _____ FEE _____

CONDITIONS OF APPROVAL: _____

APPROVED: _____ DATE: _____
ZONING ADMINISTRATOR